

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107538224**

FILING DATE

*Page 1*

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓	6	↓	3	↓
TOTAL DEP.		←	92	←	39	←
TOTAL CLAIMS			98		42	

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S) *Page 2*

FILED DATE **10/538224**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		/
102				/		/
103				/		/
104				/		/
105				/		/
106				/		/
107				/		/
108				/		/
109				/		/
110				/		/
111				/		/
112				/		/
113				/		/
114				/		/
115				/		/
116				/		/
117				/		/
118				/		/
119				/		/
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121				/		/
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123				/		/
124				/		/
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126				/		/
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128				/		/
129				/		/
130				/		/
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132				/		/
133				/		/
134				/		/
135				/		/
136				/		/
137				/		/
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139				/		/
140				/		/
141				/		/
142				/		/
143				/		/
144				/		/
145				/		/
146				/		/
147				/		/
148				/		/
149				/		/
150				/		/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		/
152				/		/
153				/		/
154				/		/
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156				/		/
157				/		/
158				/		/
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179				/		/
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189				/		/
190				/		/
191				/		/
192				/		/
193				/		/
194				/		/
195				/		/
196				/		/
197				/		/
198				/		/
199				/		/
200				/		/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						